



New Jersey Office of the Attorney General

DIVISION OF CONSUMER AFFAIRS
LEGALIZED GAMES OF CHANCE CONTROL COMMISSION
124 HALSEY STREET, 7TH FLOOR, NEWARK, NJ
PO BOX 46000 NEWARK, NJ 07101
(973) 273-8000



Application for Amusement Game Certification

Please note that a non-refundable, nontransferable application fee of \$100.00 (certified check or money order made payable to: "Legalized Games of Chance Control Commission") must accompany this application.

Manufacturer: _____

Address: _____

City, State, Zip code: _____

Contact Person Telephone Number

Name of Applicant (if different from above): _____

Address: _____

City, State, Zip code: _____

Contact Person Telephone Number

Game Information

(photographs, sketches, diagrams and manuals **must** accompany this application as well as any information that will facilitate determination of the application)

Name of game: _____

Type or kind of game(i.e. redemption, group, skill, etc): _____

Number of players(competitive or non-competitive): _____

Application for Amusement Game Certification

(Continued)

Rules and method of game play:

Length of play for each game:

Extent of player participation:

Method of determination of winner or winners:

Extent of operator control:

Any person(s) receiving certification must be free from conviction of crime and of good moral character under the Amusement Games Licensing Law(N.J.S.A. 5:8-100 et seq). If the applicant and/or manufacturer is a corporation that has not previously submitted application for certification, please provide a notarized statement of each officer, director or stockholder of the corporation and for each officer, director or stockholder of any corporation that holds 5% or more of the capital stock of the corporation indicating titles and that each is free from conviction of crime and of good moral character.

Signature of Applicant

Title

Date